PI

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Helena, MT 59620-2501 **First Semester Second Semester DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 0098 Great Falls Elem 07 Cascade Elementary Contract District **Daily** # of Days Transported # # Shared Family's Name Rate 1 1218 Yes Herrick, Daryn & Lisa 0.65

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School District Claim for State Reimbursement for **Individual and Isolated Transportation**

State	
District	
County	

2.75

DUE
DATES

3

2471

No

Isbell, Jason & Kelly

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 07 Cascade 0101 Cascade Elem Elementary District Contract Daily # of Days Transported # # Shared Family's Name Rate 3 1219 Yes Regan, Debra 0.13 3 1220 Yes Cleaveland, Grover 1.00 3 1221 No Pings, David G 1.00 3 1222 Clark, Marsha Yes 0.75 3 1224 DeRoche, Elizabeth No 0.30 3 1225 No Lappier, Jerry 1.50 3 Kemble, Keith E 1226 No 0.00 Gilleon, Laurie 3 1227 0.50 No 3 1228 Young, Jenny Yes 0.75 3 2159 Castillo, Chris No 9.25 3 2160 No Goaziou, Luana 3.00

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1499

No

Evans, Tracy

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

School District Claim for State Reimbursement for Individual and Isolated Transportation

1.65

State	
District	
County	

	PO Box 202501 Helena, MT 59620-2501					Individua	al and Isolated Tr	ansportation	County
DUE DATES	S:	First Semester February 1 to County Superintendent February 15 to State Superintendent					Second Semester May 10 to County Superintendent May 24 to State Superintendent		
COMP	COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:								
This claim is for the period beginning				and ending	month	, 20 day			
CERTI	CERTIFICATION:								
The information on this form is complete and accurate to the best of my knowledge.									
Date				Signature, Chair, Boar	d of Trustees				
County: District:				District Level:					
07 Cascade 1195 Deep Creek Elem					Elementary				
District #	t Contract # Shared Family's Name			e		Daily Rate	# of Days Transported		

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